

FILED JUN 19 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

\*1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 33 (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDGAR JONES

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lafayette Jones 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased July 16 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 10 6 hr. min.

9. Birthplace Columbia (City, town, or county) Mo (State or foreign country)

10. Usual occupation Embalmer

11. Industry or business St. Louis University

12. Name Jones  
13. Birthplace Columbia (City, town, or county) Mo (State or foreign country)  
14. Maiden name Amelia Harris  
15. Birthplace Columbia (City, town, or county) Mo (State or foreign country)

16. (a) Informant Lafayette Jones  
(b) Address 89 Tuttle St. B. Kurlach mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-43 (Month) (Day) (Year)  
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. D. Richards  
(b) Address 506 25th St. St. Louis  
19. (a) 1943 (Date received local registration) J. D. Frederick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 89 Tuttle St. B. Kurlach mo (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6 year 67 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 5-80-43 to 6-6-1943  
that I last saw him alive on 6-6-1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophied prostate  
Dehydrated Hydrocephalus  
& uremia  
Due to N

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Dehydrated Hydrocephalus Hypertrophied prostate Dehydrated

27. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature L. S. Davis (M. D. or other) D. P.  
Address 1526 Papin Date signed 6-8-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*W. F. Richardson*

Licensed Embalmer No.

*2928*

P. O. Address

*2125 Glasgow*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**